## **Water Filter Questionnaire**

Lead service lines are the pipes that bring water to your home from the water main under the street. Piping and plumbing fixtures within your home may contain lead. The City of Milwaukee Health Department is offering free drinking water filter starter kits if you meet eligibility criteria:

- City of Milwaukee home with a lead service line AND have at least one of the following in the home: A child under age 6, pregnant or breastfeeding woman, or woman who may become pregnant.
- All City of Milwaukee homes with a 0-6 year old child with a Blood Lead Level of 5 ug/dL or greater.
- All new parents/guardians in high-risk areas for lead poisoning in Milwaukee. Currently the targeted city zip codes with the highest concentration of lead poisoned children are 53204, 53206, 53208, and 53210.

Name:	Phone:	Texts Ok?	Yes	No
Address:	City: <u>Milwaukee</u>	e State: <u>WI</u> Zip:		_
ase answer all of the following questions abou	ıt your household.			
1. Do you own or rent your current residence	e?		Rent	Owr
2. How many people live in your household i	ncluding yourself?			
3. How many women may become pregnant	?			
4. How many women are pregnant or breast	feeding?			
5. How many children are under the age of 3	3?			
6. How many children are between ages 3-6	?			
7. Is there a State of Wisconsin licensed or co	artifical abildoora facility			Na
the constant meeting of the	ertified childcare facility	operated at the not	user res	No
8. Has your drinking water been sampled for	-	operated at the not	Yes	No
8. Has your drinking water been sampled for Please sign and date below to indicate the	Lead?		Yes	
8. Has your drinking water been sampled for	Lead?		Yes	
8. Has your drinking water been sampled for Please sign and date below to indicate the	Lead?		Yes	
8. Has your drinking water been sampled for Please sign and date below to indicate the provided is true and complete.	Lead?	filter, and the info	Yes	
8. Has your drinking water been sampled for Please sign and date below to indicate the provided is true and complete.  Signature	Lead?  at you received a water  Date:  Item(s) Distribut	filter, and the info	Yes rmation	No No
8. Has your drinking water been sampled for Please sign and date below to indicate the provided is true and complete.  Signature  d Service Lateral Checked/Verified: Yes No e:	Lead?  at you received a water  Date:  Item(s) Distribut	filter, and the info	Yes rmation	No No
8. Has your drinking water been sampled for Please sign and date below to indicate the provided is true and complete.  Signature  d Service Lateral Checked/Verified: Yes No e:	Lead?  at you received a water  Date:  Item(s) Distribut Pitcher Counter	filter, and the informal description of the descrip	Yes rmation  ucet Mount eplacement	No t t Filte
8. Has your drinking water been sampled for Please sign and date below to indicate the provided is true and complete.  Signature  d Service Lateral Checked/Verified: Yes No e:	Lead?  at you received a water  Date: Item(s) Distribut Pitcher Counter  Replacement: Di	filter, and the info	Yes rmation  ucet Mount eplacement	No t t Filte